

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10-009,234	FILING DATE					
						APPLICANT						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	IND.	IND.	IND.	IND.	IND.
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TOTAL IND.	3											
TOTAL DEP.	17	↓	↓	↓	↓							
TOTAL CLAIMS	20											